

HISTORY FACILITY PROFILE

ROCKY MOUNTAIN HOME CARE
 350 EAST 300 SOUTH, SUITE 110
 BOUNTIFUL UT 84010
 STATE'S REGION CODE: 001

PROVIDER #: 467061
 PHONE NUMBER: (801) 397-4100
 PARTICIPATION DATE: 12/22/1992

TYPE ACTION: RECERTIFICATION
 TYPE FACILITY: OFFICIAL HEALTH
 TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
06/1997	07/1999	06/2000	07/10/2002		
		X			
			X C	09/10/2002	STD
			X C	09/10/2002	STD
X					
			X C	09/10/2002	STD
					G0114-HHA INFORMS PATIENT OF PAYMENT METHODOLOGY
					G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
					G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
					G0214-PERFORMANCE REVIEW OF EACH AIDE AT LEAST EVERY 12 MONTHS
					G0337-ASSESSMENT INCLUDES REVIEW OF ALL MEDICATIONS

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	3	1	0	1
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	3	1	0	1

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/21/2001	UNSUBSTANTIATED
05/31/2001	UNSUBSTANTIATED
06/19/2001	SUBSTANTIATED
06/26/2001	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT